

## Allied Healthcare Group Limited

# Allied Healthcare - Ormskirk

### Inspection report

8 Swan Alley.  
Ormskirk L39 2EQ  
Tel: 01695 571991

Date of inspection visit: 09/04/2015  
Date of publication: 24/06/2015

### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Outstanding



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

Allied Healthcare (Ormskirk) is located in the town centre. There is ample space to facilitate meetings, private interviews and staff training. There is a public car park in very close proximity to the agency office. At the time of this inspection the service was supporting 90 people in the community and 42 care staff were appointed.

Agency workers provide personal care and domestic duties for people who live in their own homes, so they are able to remain in the community for as long as possible. Good support is provided by the administrative staff working in the agency office. Allied Healthcare (Ormskirk) is owned by the Allied Healthcare Group Limited and is inspected by the Care Quality Commission.

An announced visit to the agency office was conducted on 9th April 2015 by two inspectors from the Care Quality Commission. We gave the registered manager two days' notice of our planned inspection. This was so that someone could be available to access all the records we needed to see. One of the inspectors spoke with seven people who used the service or their relative by telephone and visited six people within their own homes. All comments received were, in general positive. One person told us, "Usually, the same carers come and I am very fond of them. I am more than happy with the service I get." A relative commented, "The carers always ask how you are. They are genuinely interested in you, if you know what I mean." One member of staff commented, "I really enjoy my job. After a while the people we come to see

# Summary of findings

become part of your lives.” Another told us, “Everyone in the office is so supportive. If you need anything you can ring or go in (the office) and they are there for you. They always listen to what we have to say.”

The registered manager was on duty when we visited Allied Healthcare (Ormskirk) agency office. She had been in post for ten years, but had worked for the company previously for nine. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

Medications could have been managed better. The MAR (Medication Administration Record) charts did not always accurately reflect medications people were prescribed, in relation to the name of the medication, the dosage and the time it needed to be taken. We found hand written entries on the Medication Administration Records (MARs) had not been signed, witnessed and counter signed, in order to reduce the possibility of medications being transcribed incorrectly.

Records showed new staff received a good induction and that staff were regularly observed at work by supervisors. The staff team were well trained and those we spoke with provided us with some good examples of modules they had completed. Regular supervision records were retained on staff personnel files and annual appraisals were evident.

Staff were confident in reporting any concerns about a person’s safety and were aware of safeguarding procedures. Recruitment practices were robust, which helped to ensure only suitable people were appointed to work with this vulnerable client group.

The planning of people’s care was based on an assessment of their needs, with information being gathered from a variety of sources. Evidence was available to show people who used the service or their relatives, had been involved in making decisions about the way care and support was being delivered. However, the plans of care could have been more person centred in some areas.

Regular reviews of needs were conducted with any changes in circumstances being recorded well. Areas of risk had been identified within the care planning process and assessments had been conducted within a risk management framework, which outlined strategies implemented to help to protect people from harm.

Complaints were well managed and people were enabled and supported to make choices about the care they received. People we spoke with were very complimentary about the care workers and the management of the agency. Everyone felt the agency was well run and that staff were well supervised.

People were supported to maintain their independence and their dignity was consistently respected. People said staff were kind and caring towards them and their privacy and dignity was always respected. Staff spoken with told us they felt well supported by the manager of the agency and were confident to approach her with any concerns, should the need arise.

We found that the service was in breach of regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of medication.

You can see what action we have asked the provider to take at the end of this report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Risk assessments, in general appropriately reflected any safety issues, but medicines were not always managed well.

People were safeguarded from abusive situations and staff had received training in relation to safeguarding vulnerable people.

Recruitment practices were robust and staffing levels were sufficient to meet the needs of those who used the service.

Environmental risk assessments were detailed and emergency plans helped to protect people from harm.

**Requires improvement**



### Is the service effective?

The service was effective.

New staff received a good induction and were well supported. Staff were regularly observed at work and the staff team were well trained. Regular supervision records were retained and annual appraisals were evident.

Staff we spoke with were knowledgeable about people's needs and interacted well with those in their care.

Staff had received training in The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They were aware of the basic principles of the act. Consent was obtained from people before care and support was provided.

**Good**



### Is the service caring?

The service was caring

Staff treated people with respect. Their privacy and dignity was consistently promoted.

People who used the service received continuity of care and support because the same care workers attended to their needs. People were able to develop a good bond with their carers.

Staff were kind and caring towards those they supported and they respected what was important to them. People were able to make decisions about the care and support they received and their personal details were maintained in a confidential manner.

**Outstanding**



### Is the service responsive?

The service was responsive.

**Good**



# Summary of findings

The planning of people's care was in accordance with their assessed needs and although the plans of care were well written, these could have been more person centred in places.

People were able to make choices about the care and support they received and staff were kind and caring towards those who used the service.

Complaints were well managed and people were confident to discuss any concerns with the manager at any time.

## Is the service well-led?

The service was well-led.

There was a culture of openness and transparency within the agency and people we spoke with felt the service was managed well.

The processes adopted by the agency for assessing and monitoring the quality of service provided were good and highlighted any areas for improvement.

People who used the service were asked for their feedback and this was taken into consideration by the management team.

**Good**



# Allied Healthcare - Ormskirk

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

We last inspected this location on 9th January 2014, when we found the service was meeting all the regulations we assessed at that time. This announced visit to the agency office was conducted on 9th April 2015 by two inspectors from the Care Quality Commission. We spoke with seven people or their relatives by telephone and visited six people in their own homes.

Prior to this inspection we looked at all the information we held about this service, including notifications informing us of significant events, such as serious incidents, deaths and safeguarding concerns.

We spoke with 12 members of staff during the course of our inspection. Some feedback was obtained by telephone and some whilst staff were at work. We observed the interaction of staff with those they were supporting.

During our site visit to the agency office, we looked at the care files of ten people who used the service, as well as the records of the six people we visited within the community. We also checked the personnel records of four members of staff. Other records we examined included, policies and procedures, accident records, methods for assessing and monitoring the quality of service provided and the complaints register.

# Is the service safe?

## Our findings

Detailed medication policies and procedures were in place at the agency office and these had been reviewed within the last eighteen months. They covered areas, such as self-administration, consent, mental capacity, risk assessing and refusal of medications, storage and disposal. This helped to ensure that current legislation and good practice guidelines were available for the staff team.

Staff spoken with confirmed they had received training in the administration of medications and were periodically observed giving out medications, which was formally recorded. They confirmed that managers conducted regular medication audits.

Two of the six people we visited had their medications administered by care staff. Staff we accompanied on visits confirmed they had all completed the appropriate medication training during their induction. Medication training was reviewed every three years. We looked at the medication administration records (MARs) and saw they had not all been completed as required. There were some significant gaps in the records we observed.

Records we saw showed that people had given their written consent for staff to prompt them or administer their medications. This helped to ensure treatment was provided in accordance with people's wishes. However, the consent form for one person did not clearly identify if the individual needed to be prompted with their medication or if they needed their medicines to be administered. The consent form signed by the person who used the service read, 'To support or administer the prescribed medication, as detailed on the MAR (Medication Administration Record).'

The care plan for one person in relation to skin integrity stated, 'Creams applied as directed.' There was no indication to identify which creams had been prescribed, the area of the body they needed to be applied to, or who was responsible for applying them.

The MAR chart for one person, who was prescribed multiple medications, was not clear. It did not record the dose prescribed and the time the medication needed to be taken. Medications were not recorded, as prescribed for each visit. The information was not sufficient and could have potentially put this person at risk.

One MAR chart stated, 'physically assist with medications', but there was no explanation of what this meant. Another entry was hand written and did not record the prescribed dose or frequency. This record was not signed by the person making the entry. It was not witnessed and countersigned, in order to reduce the possibility of transcribing errors.

We noted medication audits were conducted every month and any issues were identified. These internal audits had highlighted that medications had not been signed as being taken by people who used the service on numerous occasions. Despite staff responsible being identified and spoken with by management, the following month two of the same care staff had again been identified as failing to sign the MAR charts appropriately. This demonstrated that these audits were not always effective. However, the provider subsequently assured us that further steps would be taken to prevent any recurrence of such incidents.

We found that the registered person had not protected people against the risk of receiving inappropriate or unsafe care and treatment, because medicines were not well managed. This was in breach of regulation 12(1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All those we spoke with told us they felt safe using the service. One person said, "I trust them (the staff) implicitly. When they are here I feel safe. You could not get better." Another commented, "I look forward to them coming. They make my day. I feel fine when the girls are here."

Comments from family members included; "I have not been well, so when the carers come they make sure I am OK too. They are the best, as far as I am concerned." And, "I watch them when they come and they are so patient and gentle. They absolutely love her (the person receiving care). We could not get better."

Staff told us they were confident in reporting any concerns they had about the safety of those who used the service. Records showed staff had completed training in safeguarding adults. This helped to ensure the staff team were fully aware of action they needed to take should they be concerned about the welfare of someone who used the services of Allied Healthcare (Ormskirk).

Detailed safeguarding policies and procedures were in place at the agency office and staff we spoke with were aware of these. One care worker told us, "All staff complete

## Is the service safe?

their moving and handling, safeguarding and medication training during their induction period.” And another commented, “If I thought something was wrong I would not hesitate to report it. I would ring the office and tell the manager.” All staff members we spoke with were aware of the whistleblowing policy and told us they would use it if necessary.

We spoke with staff members about the recruitment procedures adopted by the agency. We found the practices in this area to be robust. Details about new employees had been obtained, such as application forms, written references, health assessments and Disclosure and Barring Services (DBS) checks. The Disclosure and Barring Service allows providers to check if prospective employees have had any convictions, so they can make a decision about employing or not employing the individual. Rigorous interviews had also been conducted to ensure prospective employees were suitable candidates for employment.

Staff members confirmed that all relevant checks were conducted before they were able to start working for Allied Healthcare (Ormskirk) and records seen confirmed this information to be accurate. Records showed the agency deployed staff in accordance with people’s needs and ensured relevant checks were conducted for prospective employees, to ensure new staff were suitable to work with vulnerable people. All employees worked a probationary period of three months, to ensure their work performance was satisfactory and to decide if they wished to continue with their employment.

A variety of assessments within a risk management framework were in place, in accordance with the policies of the agency. Health care risks had been carefully developed, to ensure appropriate measures were implemented in order to reduce the risk of harm. These assessments were divided into sections linked to, the likelihood of harm, the impact on the individual and the level of risk. However, the falls risk assessment for one person, showed they were at high risk of falling and a lifeline pendent was to be worn at

all times. This record could have been more informative, to include areas, such as checking mobility equipment, ensuring good fitting footwear and providing an obstacle free environment for ease of moving around.

Very detailed environmental risk assessments covered areas such as slips, trips and falls, lighting, drives and pathways, steps, loose rugs or mats, windows and doors. This helped to ensure environments were kept safe, so that people were protected from injury. The risk assessments in relation to the storage of domestic products were detailed and included the type of harm possible, the control measures in place and emergency procedures in case of accidental spillage, ingestion or contact with substances hazard to health.

The agency premises were situated on the first floor of the office building. The office was suitable for its needs, with ample technical equipment being provided. There were rooms available for meetings, interviews or staff training, which were clean and well maintained.

Accidents were documented accurately and records were maintained in line with data protection guidelines. This helped to ensure personal information was retained in a confidential manner. Staff spoken with confirmed risk assessments were conducted and these were retained at people’s homes, as well as the agency office.

Staff spoken with felt confident in dealing with emergency situations and were fully aware of the policies and procedures in place at the agency office. They told us of action they would take in the event of certain emergencies arising. Policies and procedures had been developed, which instructed staff about action they needed to take, should an emergency situation arise.

We were told a registered nurse was available on the office staff team for advice on clinical matters. Infection control policies and procedures were in place at the agency office and records showed staff had received training in this area.

# Is the service effective?

## Our findings

At the time of this inspection there were 90 people who used the service. People told us they were satisfied with the service they received from Allied Healthcare (Ormskirk) and that their needs were being met by a kind and caring staff team. However, one person said, “My usual carer who comes of a morning is great, but the ones that come of an evening aren’t as good. They don’t tidy up after themselves. They leave it to me.”

Comments from relatives included; “I am really pleased with the girls that come here. They are always on time and really pick us up.” “The same girls come here. They have been coming for a while and they look after her really well. We’ve got no complaints.” “They never leave me out. They know I have problems walking and so they help me when they are here. They don’t have to, but they do. That’s the way they are.” “We got a choice of carers to suit us. We cannot fault the service in any way. Whatever needs doing they do it.”

We were able to discuss induction programmes with new employees. These staff members told us the information and initial training provided was sufficient for them to be able to do the job expected. One staff member described the induction as ‘very informative’. Induction programmes we saw were in line with the skills for care common induction standards and involved a five day selection training programme, covering areas such as effective communication, person centred support, management of medications, infection control, safeguarding adults, dementia care, equality and inclusion, basic life support, dignity in care and health and safety. These modules were often supported by written knowledge checks, which helped to ensure staff, had retained and understood the information provided. One member of staff told us, “My induction was a week long and was absolutely spot-on. If we have training coming up we get a text. It’s a really good firm to work for.”

There was no consistency with answers from staff relating to supervision sessions. Some staff said they had supervisions now and again, whilst others thought they may have had formal supervision quite regularly. Records we saw showed that frequent supervision meetings were held with line managers and spot checks were regularly conducted. One member of staff told us, “We get spot checks about five or six times a year to make sure people

are happy with the service, which I think is good.” Records showed that new staff were monitored for the first twelve weeks of their employment, during which time they completed a series of ‘shadow shifts’ with their allocated care coach.

We saw some recent appraisal records, which covered areas such as work performance, personal development, achievements, aspirations and training needs. Records showed that in the first year of employment, staff performance was reviewed every three months, followed by annual appraisals. This helped to make sure the staff team delivered an effective service. One member of staff told us, “The training is excellent and we get supported in everything we do.”

Training records showed that all staff members completed a wide range of learning modules regularly. Staff we spoke with gave us some good examples of training they had completed, such as health and safety, fire awareness, safeguarding adults, infection control and moving and handling. Certificates of training were retained in staff personnel files and these confirmed the information provided by staff was accurate. Staff were happy with the training received making comments such as, “spot on”, “excellent” and “we get loads of training”. However, several staff stated they would like the opportunity to do a recognised qualification in care, dementia awareness and palliative care training.

The computerised training plan incorporated a traffic light system, which highlighted the level at which an individuals’ training programmes were at. For example a green light showed the training was up to date, amber showed training was due and red indicated training was overdue. This alerted managers to whose training had lapsed and where a red light showed then the individual staff member was unable to work until all relevant training had been completed.

We saw the staff handbook and job descriptions, which were issued to all new employees. These covered important information, which people needed to know at an early stage of their employment. Areas discussed in these documents included codes of conduct, grievance and discipline procedures, safeguarding adults and whistle-blowing policies, health and safety, complaints, lone working, promoting independence, medical emergencies, advocacy and the management of medications.

## Is the service effective?

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

Policies and procedures were in place in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). These covered areas, such as the five key principles of the MCA, restrictive practice, capacity and best interest decisions. Written consent had been received from people in a variety of areas, including consent for the

inspection team to view care files and for them to interview people who used the service. We observed staff gaining consent from people before supporting them with their activities of daily living.

Records showed that staff had done training in relation to the MCA and DoLS, which was updated every three years. A dementia care specialist was employed, who provided teaching sessions within the company, so that staff members could improve their knowledge and skills about how to support those living with dementia.

An Early Warning System (EWS) had been established, which was used on every visit to service user's homes. This enabled concerns to be identified in relation to any changes in needs, which may lead to further complications or issues. This helped to reduce the possibility of risks occurring and thereby safeguarded people who used the service.



# Is the service caring?

## Our findings

We asked those people we spoke with if staff respected their privacy and dignity and promoted their independence. Their responses were all positive, which included comments, such as; “From the moment they (the carers) come in they liven you up. They are so patient and respectful.” And, “The carers are very good, very caring and I know I can depend on them.”

The policies of the agency covered areas such as privacy, dignity and promoting independence. Staff we spoke with were fully aware of the importance of these areas and they knew people in their care well, by being knowledgeable about their needs and how they wished care and support to be delivered. Staff we accompanied on house calls were observed to be respecting people’s privacy and dignity when providing care and support. They were seen knocking on doors before entering people’s homes. They were patient, respectful and supportive.

The agency’s policies and procedures provided staff with clear guidance about data protection and the importance of confidentiality, so that people’s personal details and sensitive information was always protected.

Information about the service could be produced in a variety of different formats. For example, in large print, Braille or on CD for those with varying degrees of sight loss

and in alternative languages for those whose first language was not English. In discussion the registered manager told us that there was also a live translation service available for those who needed to utilise it. This provided everyone with equal opportunities, by enabling them to have access to the same information, despite their nationality, age or disability.

We looked at the care records of 16 people who used the service and found they or their relatives had been given the opportunity to decide how care was to be provided. This helped to ensure people were supported in a way they wanted to be. People we spoke with told us they were involved in planning their own care, or that of a relative. They confirmed that a copy of their care plan was retained at their house.

People we spoke with told us that, on the whole, they got the same care workers attending to their needs. This helped to ensure continuity of care and helped people who used the service and their relatives to develop a good working relationship and trust with those who provided the care and support. We observed one care worker visit a service user on her own initiative, because the person had been unwell the previous evening and she wanted to make sure they were alright. We also observed good interactions and conversations between staff and those in their care. There was some good humoured banter noted, which people seemed to enjoy.

# Is the service responsive?

## Our findings

Comments from relatives we spoke with included, “They never leave me out. They know I have problems walking and so they help me when they are here. They don’t have to, but they do. That’s the way they are.” “I think we have had one problem in all the years we have been with them. I just made a phone call and it was sorted straight away. No question.”

We randomly selected the care records of 16 people who used the service. These files were well organised, making information easy to find. We chatted with those whose records we examined, or their relatives and discussed the care they received. People told us they were happy with the care and support delivered by the staff team.

Good assessments of needs had been conducted before a package of care was arranged. This helped to ensure the staff team were confident they could provide the care and support required by each person who used the service.

Plans of care had been developed from the information obtained at the pre-admission assessment and also from other people involved in providing support for the individual, such as other professionals, relatives and the individuals themselves. The needs of people had been incorporated into the plans of care and regular reviews had taken place, which clearly identified any changes in needs.

We found the plans of care to be well written documents. All activities completed by the carer had been recorded appropriately within the plans. This included any personal care provided, meals prepared or housekeeping tasks. People who used the service or their relatives had signed the plans of care to indicate they had been involved in their development and were in agreement with the contents. Records showed that people had been given information about how to contact the agency office and people confirmed that they were able to discuss care and support at any time with the management team.

The care files we saw included sections entitled, ‘How I want to be supported’ and ‘What is important to me’, which covered areas of choice and independence. The plans of

care were detailed, but could have been more prescriptive about the importance of privacy and dignity, particularly when providing personal care. Some areas could have also been more person centred. For example, the plan of care for one lady did not include if she liked to wear jewellery, make up and nail varnish and if so, the colours of her choice.

A process had been developed to monitor hospital admissions, which allowed regular contact with the hospital discharge team to ensure people’s needs could still be met on discharge from hospital. This helped to ensure a smooth transition and also provided additional support for people, when needed.

A detailed complaints policy was in place, which was included in the information provided to those who used the service and this clearly explained the process to follow, including expected time scales for responses and investigations. It also provided people with contact details of the organisation’s head office and the local authority, should people wish to make a complaint outside the agency itself.

People we spoke with told us they would know how to make a complaint, should the need arise. One person said, “I have never had to make a complaint, but if I had to I know who to talk to, but it has never come to that.” Another commented, “I have the number to ring at any time if I needed help. It doesn’t matter what time of day it is. You can always ring. It is a really good service.” A system was in place for any complaints to be recorded and addressed in the most appropriate way.

None of the people spoken with expressed any complaints with the service they received and described the carers as ‘absolutely lovely people’. Comments we received included, “I trust them implicitly” and “She’s (carer) a top task carer.” We were told that normally, the same carers called and if they were going to be a little late, they rang. No-one reported any missed calls. One person told us, “My regular, main carer is really great, but the ones who come of an evening, or when she’s off, are not as good.” Staff told us people would be supported to make a complaint if necessary.

# Is the service well-led?

## Our findings

On our arrival to Allied Healthcare (Ormskirk) we explained the inspection process to the registered manager and we requested a range of documents and records to be available. These were provided promptly and without hesitation.

People who used the service told us, “I am happy with everyone at Allied – from the managers to the carers. I don’t know what I would do without them.” “All the carers wear badges and uniforms and quite often supervisors are here to check on them. It’s really well run.”

Family members commented, “The staff in the office will ring us if the carer is going to be late and all the contact numbers are in the handbook we have.” “When my husband wasn’t well they kept in touch with me to make sure I was OK. That’s very good I think.”

The Statement of Purpose and Customers’ Guide provided both current and prospective service users with a wealth of information about the service, such as the aims and objectives of the organisation, the complaints procedure, customer groups and the services and facilities available.

The agency focused on a culture of openness and transparency. A quality policy was in place, which showed the organisation had a clinical governance committee, which looked at areas such as safety, effectiveness, equality and diversity.

Staff we spoke with told us the registered manager conducted regular checks on practices and systems adopted by the home. These included obtaining feedback from people involved with the service and through the auditing processes. Records seen supported this information and action plans had been developed in some areas where shortfalls had been identified. All positive responses were received from the recent customer care quality review. The audits we saw covered a wide range of areas such as staff personnel files, care plans, safeguarding referrals, complaints, health and safety issues and medication management.

The registered manager told us she felt well supported by the company and gave a good example of support provided. A computerised system had been developed for managing complaints, accidents, incidents and

safeguarding referrals. This was demonstrated by the care delivery director of the organisation. This system recorded all relevant information about each event, including action planned. This was automatically escalated to the management teams and levels of concern were identified. Lessons learnt and how improvements could be made were recorded, which demonstrated a good management system for monitoring the quality of service provided. A risk management committee had been developed, which met each month, so that all serious complaints could be reviewed with regional senior management prior to closure. This was considered to be good practice.

We saw minutes of staff meetings, which were held periodically. This allowed relevant information to be disseminated to the staff team and encouraged people to discuss any topical issues in an open forum. However, several staff told us regular meetings were not held.

A wide range of updated policies and procedures were in place at the agency office, which provided staff with clear information about current legislation and good practice guidelines. This helped the staff team to provide a good level of service for those who received care and support from Allied Healthcare (Ormskirk). The registered manager told us that the company had achieved an external quality award. This showed periodic assessments were conducted by external organisations.

We saw a variety of compliment notes had been sent to the agency office by people who had used or were using the service or their relatives. Extracts from recent thank you letters included comments, such as, ‘I am fully content with the service provided by Allied.’ And, ‘Having someone check in on you daily is a comfort. I have no complaints, only admiration for what they (the staff) do.’

Records showed that the organisation was an equal opportunities employer, so that all applicants were given a fair and equal chance of obtaining employment. Staff members said the manager was approachable and well-liked. They felt comfortable talking to the manager about any issues. One member of staff said, “I have never been better supported. There is no messing about with times or rotas and I have had all the training I need.” Staff had a good understanding of their roles and responsibilities towards those who used the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity            | Regulation                                                                                                                                                                                                                                                                                                                                                     |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Nursing care<br>Personal care | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>People who used the service were not protected against the risks associated with the unsafe use and management of medicines. This was because appropriate arrangements had not been made for the recording, using and safe administration of medicines.<br><br>Regulation 12 (1)(2)(g) |